PART B - FEE(S) TRANSMITTAL

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APPLICATION NO. FII		G DATE	ATE FIRST NAMED INV		ENTOR ATTORNEY DOO		CKET NO. CONFIRMATION NO.		
10/591,584	10/591,584 11/27/2006		Masato KOBAYAKAWA		Q80400			3381	
TITLE OF INVENTIO	N: GALLIUM NIT	RIDE-BASED S	EMICONDUCTOR D	EVICE					
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE PUBLICA FEE	ΓΙΟΝ PREV. I	PREV. PAID ISSUE FEE		EE(S) DATE DUE	
nonprovisional	NO	\$1440.00	0 \$300.0	0	\$0.00	\$1,740	.00	09/04/2008	
EXAMINER			ART UN	ART UNIT CLASS-SUBCLASS					
Scott R WILSON			2826						
1. Change of correspon	dence address or ind	cation of "Fee A	ddress" (37 CFR 1.363		on the patent front p	•	1 _	Sughrue Mion, PLLC	
□ Change of correspondence address (or Change of Correspondence A PTO/SB/122) attached.					es of up to 3 registered patent agents OR, alternatively, 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/S 03-02 or more recent) ATTACHED. Use of a Customer Number is requ				member a regis	ne name of a single firm (having as a per a registered attorney or agent) and the soft up to 2 registered patent attorneys or s. If no name is listed, no name will be ad.				
3. ASSIGNEE NAME PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	ss an assignee is ide in 37 CFR 3.11. Co	ntified below, no mpletion of this:	assignee data will ap	pear on the patent. te for filing an assi	If an assignee is id	entified below	, the	document has been filed fo	
SHOWA DENKO K.K	, ,	Tokyo, Japan		1111)					
Please check the annro	nriate assionee cateo	ory or categories	(will not be printed or	the natent): [] Ind	ividual ☑ Cornorat	ion or other pr	ivate	group entity Governmen	
4a. The following fee(s	<u> </u>	be printed on the patent): ☐ Individual ☑ Corporation or other private group entity ☐ Governmen 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fee			☐ A chec	☐ A check is enclosed.					
☑ Publication Fee (No small entity discount permitted)				☐ Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # o		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit an overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).							
					and authorized to c any overpayments t				
	tus (from status indi	cated above)							
	•	•	<u>19-4880</u> .	Please also credit	any overpayments t	o said Deposit	Acc		
5. Change in Entity Sta□ a. Applicant claims	SMALL ENTITY st	atus. See 37 CFF	<u>19-4880</u> . R 1.27. □ b. App	Please also credit	any overpayments t	o said Deposit	Acce	37 CFR 1.27(g)(2).	
5. Change in Entity Sta ☐ a. Applicant claims The Director of the US	SMALL ENTITY st PTO is requested to a and Publication Fee	atus. See 37 CFF apply the Issue For	19-4880. R 1.27	Please also credit dicant is no longer (if any) or to re-app anyone other than t	any overpayments to claiming SMALL Entry any previously p	o said Deposit ENTITY status paid issue fee to	: Acco	ount. 37 CFR 1.27(g)(2). application identified above	
5. Change in Entity Sta ☐ a. Applicant claims The Director of the US NOTE: The Issue Fee a	SMALL ENTITY st PTO is requested to a and Publication Fee	atus. See 37 CFF apply the Issue For	19-4880. R 1.27	Please also credit dicant is no longer (if any) or to re-app anyone other than t	any overpayments to claiming SMALL Entry any previously p	o said Deposit ENTITY status paid issue fee to stered attorney	: Acco	and the state of t	